


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JCE40 U.S. PTO

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PTO/SB/05 (2/98)
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	042390.P8695
	First Inventor or Application Identifier	Borys S. Senyk
	Title	A METHOD AND AN APPARATUS FOR COOLING A COMPUTER
	Express Mail Label No.	EM560646529US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original, and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification Total Pages 15 (preferred arrangement set forth below)	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 9	ACCOMPANYING APPLICATION PARTS
4. Oath or Declaration Total Pages 1	
a. <input type="checkbox"/> Newly executed (original copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO - 1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> *Small Entity Statement filed in prior application, Statement(s) <input type="checkbox"/> Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:	

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____/_____

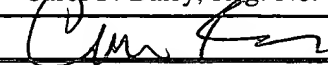
Prior application Information: Examiner _____ Group/Art Unit: _____

For **CONTINUING** or **DIVISIONAL** APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the continuing or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number of Bar Code Label (Insert Customer No. or Attach bare code label here) or ☒ Correspondence address below

Name	BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP				
Address	12400 Wilshire Boulevard, Seventh Floor				
City	Los Angeles	State	California	Zip Code	90025
Country	U.S.A.	Telephone	(310) 207-3800	Fax	(310) 820-5988

Name (Print/Type)	Carol F. Barry, Reg. No. 41,600		
Signature		Date	6/30/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 1997.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.28 and 1.28

TOTAL AMOUNT OF PAYMENT (\$) **948.00****Complete if Known**

Application Number	
Filing Date	06/30/00
First Named Inventor	Borys S. Senyk, et al.
Examiner Name	
Group Art Unit	
Attorney Docket Number	042390.P8695

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **02-2666**
Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION (fees effective 10/01/96)**1. FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
101 690 201 345		Utility filing fee	\$690
106 310 206 155		Design filing fee	
107 480 207 240		Plant filing fee	
108 690 208 345		Reissue filing fee	
114 150 214 75		Provisional filing fee	

SUBTOTAL (1) (\$) **690.00****2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims 30	-20** = 10	X \$18.00 =	180.00
Multiple Dependent Claims 4	-3** = 1	X \$78.00 =	78.00

**or number of previously paid, if greater; For Reissues, see below

Large Entity Small Entity

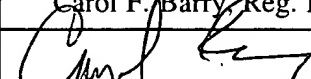
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103 18 203 9				Claims in excess of 20
102 78 202 39				Independent claims in excess of 3
104 270 204 135				Multiple Dependent claim
109 78 209 39				**Reissue independent claims over original patent
110 18 210 9				**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) **258.00****FEE CALCULATION** (continued)**3. ADDITIONAL FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
105 130 205 65		Surcharge - late filing fee or oath	
127 50 227 25		Surcharge - late provisional filing fee or cover sheet	
139 130 139 130		Non-English specification	
147 2,520 147 2,520		For filing a request for reexamination	
112 920 112 920		Requesting publication of SIR prior to Examiner action	
113 1,840 113 1,840		Requesting publication of SIR after Examiner action	
115 110 215 55		Extension for response within first month	
116 380 216 190		Extension for response within second month	
117 870 217 435		Extension for response within third month	
118 1,360 218 680		Extension for response within fourth month	
128 1,850 228 925		Extension for response within fifth month	
119 300 219 150		Notice of Appeal	
120 300 220 150		Filing a brief in support of an appeal	
121 260 221 130		Request for oral hearing	
138 1,360 138 1,360		Petition to institute a public use proceeding	
140 110 240 55		Petition to revive - unavoidably	
141 1,210 241 605		Petition to revive - unintentionally	
142 1,210 242 605		Utility issue fee (or reissue)	
143 430 243 215		Design issue fee	
144 580 244 290		Plant issue fee	
122 130 122 130		Petitions to the Commissioner	
123 50 123 50		Petitions related to provisional applications	
126 240 126 240		Submission of Information Disclosure Stmt	
581 40 581 40		Recording each patent assignment per property (times number of properties)	
146 760 246 380		Filing a submission after final rejection (37 CFR 1.129(a))	
149 760 249 380		For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify) _____			
Other fee (specify) _____			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) _____**SUBMITTED BY**

Typed or Printed Name	Carol F. Barry Reg. No. 41,600	Complete (if applicable)	
Signature		Reg. Number	
Date	6/30/00	Deposit Account User ID	02-2666

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